

TRI CITY HOSPICE INC.

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MORTUARY ARRANGEMENT

Patient Name: _____ **MRN:** _____ **Date** _____

It is the policy of TRI CITY HOSPICE INC. that information regarding Mortuary Arrangement is required as part of Admission Process. In the event that Mortuary service is needed and Family I Responsible party is unavailable / unable to be contacted within a four (4) hours period, the COUNTY MORGUE is used as temporary Mortuary arrangement

* Please see the attached list of Funeral Homes for your convenience. Our Social Worker and Staff are available to assist you in making the arrangements at any time.

(Return to Office)

SIGNATURE: _____ DATE: _____

HOSPICE REPRESENTATIVE: _____